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|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/802,228 | FILING DATE<br>03/16/2004<br><br>RULE | CLASS<br>435 | GROUP ART UNIT<br>1632 | ATTORNEY DOCKET NO.<br>825466-100151 |
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## APPLICANTS

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\*\*\* CONTINUING DATA \*\*\*\*\*

PD

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 06/15/2004

|  |                           |                        |                       |                            |
|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>7 | TOTAL<br>CLAIMS<br>31 | INDEPENDENT<br>CLAIMS<br>8 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |                           |                        |                       |                            |

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## TITLE

Methods and compositions for the treatment of obesity

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|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>764 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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